

February 28, 2003

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2 03 0666 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This patient was injured on the job when he was carrying a bundle of pipe and had a sudden onset of low back pain. He sought care from \_\_\_ shortly afterward and has been diagnosed with a lumbar disc syndrome. He has been referred to \_\_\_, who recommended a lumbar ESI on December 18, along with active exercises and stretches. MRI of the lumbar spine reveals a 2mm protrusion at L1/2, a 3mm subligamentous protrusion at L2/3, a 4-5 mm left laterally subligamentous disc protrusion at L4/5, and a 4-6 mm protrusion posterocentrally at the level of L5-S1 which impinges upon the thecal sac and the S1 nerve root sleeves.

#### REQUESTED SERVICE

The carrier has denied the purchase of the Cybertech Back Brace.

#### DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

The requestor has failed to demonstrate the medical necessity for a back brace for this patient. While it cannot be denied that this gentleman does have a serious low back problem, I do not feel that a back brace has a significant place in the clinical treatment of his condition. I am of the opinion that such treatment is actually a contraindication in this case. A patient who has low back pain is most likely to benefit from activity, not restriction, and the most appropriate form of activity is to mobilize the spine. A back brace actually would restrict motion in the spine. As a result, I would not be in favor of the use of such restriction and would deem such equipment medically unnecessary.

\_\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 28<sup>th</sup> day of February 2003**